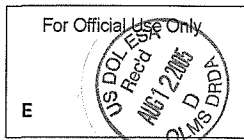


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5690</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>MAXINE</u> <u>CARTER</u> P.O. Box, Bldg., Room No., if any _____ Street <u>Five Gateway Center</u> City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15222-1214</u>	4. Name, file number, and address of labor organization. Name <u>United Steelworkers of America, AFL-CIO</u> Labor Organization File Number <u>000-094</u> P.O. Box, Building and Room Number, if any _____ Street <u>Five Gateway Center</u> City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15222-1214</u>
5. Position in labor organization. <u>Assistant to the President; Director of Civil Rights Department</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value <b>from an employer whose employees your organization represents</b> or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Maxine Carter On 8/11/05 (412) 562-2287  
Date Telephone Number

Name of Person Filing	Maxine Carter	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Union Privilege</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 300</u></p> <p>Street <u>1125 15th Street, N.W.</u></p> <p>City <u>Washington</u></p> <p>State <u>D.C.</u> ZIP Code + 4 <u>20005</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Provider of consumer benefit programs to union members.</u></p> <p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>See attached.</u></p> <p>12.b. Amount. <u>\$665.23</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u></u></p>

UNION PRIVILEGE										
SUMMARY OF LM30 INFORMATION - Report of income or other benefits with monetary value										
2004										
Comments:										
If no notation in the title area we do not have readily available for 2004										
UNION	UNION OFFICIAL	TITLE	ADDRESS	CITY	STATE	ZIP	DATE	REPORT TO	DESCRIPTION	UP REF
USWA	Carter, Maxine	Administrative Asst. to the President	c/o USWA, 275 Seventh Avenue	New York	NY	10001-6708	4/24/2004	54.51	Dinner mty - Union Privilege programs	DP30159
USWA	Carter, Maxine	Administrative Asst. to the President	c/o USWA, 275 Seventh Avenue	New York	NY	10001-6708	04/23-04/27/04	510.72	Hotel accommodations Liaison Conference	HYAT30250
USWA	Carter, Maxine	Administrative Asst. to the President	c/o USWA, 275 Seventh Avenue	New York	NY	10001-6708	4/13/2004	100.00	Liaison Award	MC30009

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Household (HCS) c/o Union Privilege

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 300

Street 1125 15th Street, N.W.

City Washington

State D.C. ZIP Code + 4 20005

## 9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 11.a. Nature of such dealing.

Provider of credit card program through Union Privilege, a provider of consumer benefits to union members.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

See attached.

## 12.b. Amount.

\$130.66

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

HOUSEHOLD (HCS)										
SUMMARY OF LM30 INFORMATION - Report of income or other benefits with monetary value										
2004										
Comments:										
If no notation in the title area we do not have readily available for 2004										
UNION	UNION OFFICIAL	TITLE	ADDRESS	CITY	STATE	ZIP	DATE	AMOUNT TO REPORT	DESCRIPTION	UP REF
USWA	Carter, Maxine	Administrative Asst. to the President	c/o USWA, 275 Seventh Avenue	New York	NY	10001-61	4/25/2004	130.66	Liaison Conference-Dinner Union Plus Card Programs	HCSreport

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Kessler Financial Services c/o Union Privilege  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any Suite 300  
Street 1125 15th Street, N.W.  
City Washington  
State D.C. ZIP Code + 4 20005

## 9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

## 11.a. Nature of such dealing.

Provider of financial services through Union Privilege, a provider of consumer benefits to union members.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

See attached.

## 12.b. Amount.

\$73.10

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

SUMMARY OF LM30 INFORMATION - Report of income or other benefits with monetary value		
2004		

Comments:	
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If no notation in the title area we do not have readily available for 2004

[illegible]

USWA	Carter, Maxine	Administrative Asst. to the President
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USWA	Carter, Maxine	Administrative Asst. to the President	c/o USWA, 275 Seventh Avenue
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New York

NY

10001-6708

4/25/2004

73.10

### Liaison Conference-Dinner Union Plus Card Programs

**PARADISE**